

APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE DEPARTMENT OF ARCHIVES AND HISTORY RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76—RM—1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

		Y				
FOR AGE	NCY USE	1. Agency Address Dept. of Medical Ass	ictamo	1.2		MANAGEMENT USE
pplication Date		1010 West Peachtree			Application Number	
12-2-	-81		30367	٠ ــ	16	207-A
pplication Num	ber	including Georgia 3			Date Received	Date Completed
		Operations Div. Info	rmation Syste	ems	DEC 1 4 1981	DEC 2 9 1981
. Person to C	ontact		Working Titl	le .		Telephone Number
		स	DP Specialist			894-4900
Pat Dye B. Action Req	nested	I.				
•		Schedule; record will continue to	accumulate	•		
		commutation; no further accumula		*		was a second
	and Application	No. 78-207 Check O	ne:X Change;	Superced	le: 🗆 Void	÷. ~
c. Ad Am		5. Records Series Title (follower				· · · · · · · · · · · · · · · · · · ·
arliest	Latest	5. Records Series Title (follows Medicaid Eligibility			outer Output M	icrofilm Reports
1980	Present		aid C.O.M. Re			41
5. Division and	d Office Functio	n What is the function of t	the Division and th	ne Office in	which this record se	eries is created?
	•					•
						¥
			e e e e			
		SAME	* -	• *	er .	
,	-		e gerië			
			•			÷
			÷ • • •			
			·	•	: *	
			•		1.5	₹
	<u> </u>	<u></u>	<u> </u>			
7. Record Ser	ies Description	This file contains the following	g documents (incl	ude form nu	mbers and titles, if	any):
	·	Attach samples of the file.				
Documents	relating to: Ma	aintaining a Medicaid re	scipient elig	ibility l	list and docum	enting the
••	- pa	ayment of claims to Medi	ıcaıd provide	rs		
		alkaahad 14-1			-	
included ar	re: <u>S</u> e	ee attached list				
		e de la companya de l		-		#
			•			
						•
			•			
			; ;	21		\$. · · ·
File is arrai	nged: A	lphabetically by report	name, thereum	der chron	ologically by	report date.
	~ 3				_	
2 Monthly P	eference Rate	How often are records refe	tried to which are:			
-					n huann kara ar	the old
		Seven to twelve month	15 Old	; inirteen t	o twenty-four mon	
	e months and old		<u></u>		The William Control of the Control o	1
9. Annual Ra	te of Accumulat	ion of Records	. OL -1	<u>₹</u>	<u></u>	2 cubic feet
Letter-size	Orawers	ion of Records; Legal-size drawers	; Shelves	;	omer (specify)	
			1			
R-50-71 Re	v 76	*	(Over)		-	
•					1	

S NO	10. Questionnaire	(Place an "X"	in the proper co	lumn)					
	a le this the office	ist come of the e	ariae?						
	If not, where is	it?		4		<u> </u>	<u> </u>		3
	b. Does the series	contain confider	ntial information	requiring secu	ity handling? I	f yes, cite law o	er regulation.	-	•
	c. Is this a vital re-	cord?							
	d. Does this series				······································				
	e. When one or tw					for a long peri	od, could the	•	
-}			tely?			 			
1	f. Is the informati								<u> </u>
~ 1	g! Is the informati if was attach or		DIIS SELIES EVET S	natyzed and/or	Lécolded iu 9 20	mmarized repo	rtr		
	h. Is there a dupling if yes, where?	cation of this ser	ies in your offic	, or in another	office or agency	?			
	i. Is this series for		of iti regularly	microfilmed?				New	
	j. Does the record								<u></u>
Retent	tion Requirements	The	following require	es the series to	oe kept:		1:5		
a Sta	te Law		years.	d An	dit ceriod			, years,	-
	tute of limitation		years.	. Ad	ministrative nee	1 -		years.	
	leral law		years. years.	f, Fe	deral retention in	structions _	<u> </u>	years.	٠
•						· · · · · · · · · · · · · · · · · · ·			
Attach	copy or excerpt of la	ws or regulation	s. Explain admir	nistrative need.	- . *		1 7 - 5 - 5 1		٠
	· · · · ·		_					٠.	
			-		•				
	ved Disposition Instr								
~ ,,	2-1 * ab			Fiscal Year;			·	,	
☐ Tra	id in the current files ansfer to local holding ansfer to State Record	area, hold		year(s); ; then					
☐ Tra	insfer to local holding insfer to State Record stroy	area g area, hold ds Center; hold .	year(s) yea	year(s); ; then				,	
☐ Tra ☐ Tra ☐ De	insfer to local holding insfer to State Record stroy, insfer to State Archit	area g area, hold ds Center; hold .	year(s) yea	year(s); ; then				•	
Tra	insfer to local holding insfer to State Record stroy, insfer to State Archit her (Specify)	area g area, hold ds Center; hold _ res for permaner	year(s) yea yea it retention.	year(s);; then r(s); then	then			·	
Tra	insfer to local holding insfer to State Record stroy, insfer to State Archit	g area, hold ds Center; hold res for permaner (Duplicate)	year(s) yea nt retention. Copies: Ho up	year(s); ; then r(s); then ld in curre dated repor	then ent files ar et or until	ea until r no longer	eceipt of	v erifia	ed it
Tra	insfer to local holding insfer to State Record stroy, insfer to State Archit her (Specify)	g area, hold ds Center; hold res for permaner (Duplicate)	year(s) yea it retention. Copies: Ho	year(s); ; then r(s); then ld in curre dated repor	then ent files ar	ea until r no longer	eceipt of	v erifia	ed it
☐ Tra ☐ De ☐ Tra ☐ De ☐ Tra ☐ Of:	Insfer to local holding Insfer to State Record Stroy, Insfer to State Archit her (Specify) fice Reference	g area, hold ds Center; hold res for permaner (Duplicate)	year(s) yea It retention. Copies: Ho up re in Medicai	year(s); ; then r(s); then ld in curredated report ference; then	ent files ar t or until en destroy.	ea until r no longer of report	eceipt of needed for	verific currer	nt
☐ Tra ☐ De ☐ Tra ☐ Oe ☐ Tra Ø Oe	insfer to local holding insfer to State Record stroy. Insfer to State Archiv her (Specify) fice Reference	g area, hold g area, hol	Year(s) yea it retention. Copies: Ho up re in Medicair oy.	year(s); ; then r(s); then Id in curre dated repor ference; the	ent files aret or until en destroy. pon receipt	ea until r no longer of report	eceipt of needed for ; hold 3 y	verific currer vears; t	nt
☐ Tra ☐ De ☐ Tra ☐ Oe ☐ Tra Ø Oe	insfer to local holding insfer to State Record stroy. Insfer to State Archit her (Specify) fice Reference	g area, hold g area, hol	Year(s) yea it retention. Copies: Ho up re in Medicair oy.	year(s); ; then r(s); then Id in curre dated repor ference; the d Library of	ent files are tor until men destroy. upon receipt	ea until r no longer of report	eceipt of needed for ; hold 3 y	verific currer vears; t	nt
☐ Tra ☐ De ☐ Tra ☐ De ☐ Tra Ø Ort	insfer to local holding insfer to State Record stroy. Insfer to State Archiv her (Specify) fice Reference	g area, hold g area, hol	Copies: Ho up re in Medicai oy.	year(s); ; then r(s); then Id in curre dated repor ference; the d Library of	ent files are tor until men destroy. upon receipt	ea until r no longer of report	eceipt of needed for ; hold 3 y	verific currer vears; t	nt
☐ Tra ☐ De ☐ Tra ☐ De ☐ Tra Ø Ort	insfer to local holding insfer to State Record stroy. Insfer to State Archiv her (Specify) fice Reference	g area, hold g area, hol	Copies: Ho up re in Medicai oy.	year(s); ; then r(s); then Id in curre dated repor ference; the d Library to	ent files are tor until men destroy. upon receipt	ea until r no longer of report	eceipt of needed for ; hold 3 y	verific currer vears; t	nt
Tra Tra Tra Tra Tra Tra Tra Tra	insfer to local holding insfer to State Record stroy. Insfer to State Archiv her (Specify) fice Reference	g area, hold g area, hold g area, hold g area, hold greater, hold res for permaner (Duplicate) Copy: Place destr all) Copy- Cu	copies: Ho up re in Medicairoy.	year(s); ;then r(s); then Id in curredated report ference; the d Library until the end of r; hold 7 y	ent files aret or until en destroy. pon receipt of each mont ears; then	ea until r no longer of report	eceipt of needed for ; hold 3 y	verific currer vears; t	nt
Tra Tra De Tra Sec	insfer to local holding insfer to State Record stroy. Insfer to State Archiv her (Specify) fice Reference dicaid Library curity (Original	g area, hold g area, hold g area, hold g area, hold greater, hold res for permaner (Duplicate) Copy: Place destr all) Copy- Cu	copies: Ho up re in Medicairoy.	year(s); ;then r(s); then Id in curredated report ference; the d Library until the end of r; hold 7 y	ent files aret or until en destroy. pon receipt of each mont ears; then	ea until r no longer of report	eceipt of needed for ; hold 3 y	verific currer vears; t	nt
Trace Of:	insfer to local holding insfer to State Record stroy. Insfer to State Archive her (Specify) fice Reference dicaid Library curity (Original instructions apply to	g area, hold g area g area, hold	copies: Ho up re in Medicairoy.	year(s); ; then r(s); then Id in curred dated report ference; the d Library to t the end of r; hold 7 years	ent files are tor until men destroy. upon receipt of each monte ears; then	ea until r no longer of report h; then tr destroy,	eceipt of needed for ; hold 3 y	verific currer vears; t	nt
Trace Of:	insfer to local holding insfer to State Recordstroy. Insfer to State Archive her (Specify) fice Reference dicaid Library curity (Original instructions apply to lad/Designee (Signal	g area, hold g area g area, hold	year(s) yea It retention. Copies: Ho up re in Medicai oy. It of file a cords Cente ture accumulation	year(s); ; then r(s); then Id in curred dated report ference; the d Library to t the end of r; hold 7 years	ent files are tor until men destroy. upon receipt of each mont rears; then	ea until r no longer of report h; then tr destroy.	eceipt of needed for ; hold 3 y	verific current vears; t	nt
Trace See	insfer to local holding insfer to State Record stroy. Insfer to State Archive her (Specify) fice Reference dicaid Library curity (Original instructions apply to	g area, hold g area g area, hold	year(s) yea It retention. Copies: Ho up re in Medicai roy. It of file a ecords Cente	year(s); ; then r(s); then Id in curred dated report ference; the d Library to t the end of r; hold 7 years	ent files are tor until men destroy. upon receipt of each mont rears; then	ea until r no longer of report h; then tr destroy,	eceipt of needed for ; hold 3 y	verific current vears; t	nt
Tra Tra De Tra Of: Mex	insfer to local holding insfer to State Recordstroy. Insfer to State Archive her (Specify) fice Reference dicaid Library curity (Original instructions apply to lad/Designee (Signal	g area, hold g area g area, hold	year(s) yea It retention. Copies: Ho up re in Medicai oy. It of file a cords Cente ture accumulation	year(s); ; then r(s); then Id in curred dated report ference; the d Library u t the end of r; hold 7 y ons of the series Records Manage When the series	ent files are tor until men destroy. upon receipt of each mont rears; then	ea until r no longer of report h; then tr destroy.	eceipt of needed for ; hold 3 y ansfer to	verific current vears; t	nt
Trace	insfer to local holding insfer to State Recordstroy. Insfer to State Archive her (Specify) fice Reference dicaid Library curity (Original instructions apply to add/Designee (Signal Curity)	g area, hold	year(s) yea It retention. Copies: Ho up re in Medicair oy. It of file a cords Cente ture accumulation Date 12/7/81	year(s); ; then r(s); then Id in curred dated report ference; the d Library u t the end of r; hold 7 y ons of the series Records Manage When the series	ent files are tor until men destroy. upon receipt of each mont rears; then	ea until r no longer of report h; then tr destroy.	eceipt of needed for ; hold 3 y ansfer to	verific currer ears; t State	nt
Trace De Office	insfer to local holding insfer to State Record stroy. Insfer to State Archive her (Specify) fice Reference dicaid Library curity (Original instructions apply to ad/Designee (Signal Calle Holmo additions in perame approved.	g area, hold	year(s) yea It retention. Copies: Ho up re in Medicai oy. It of file a cords Cente ture accumulation	year(s); ; then r(s); then Id in curred dated report ference; the d Library u t the end of r; hold 7 y ons of the series Records Manage When the series	ent files are tor until men destroy. upon receipt of each mont rears; then	ea until r no longer of report h; then tr destroy.	eceipt of needed for ; hold 3 y ansfer to	verific currer ears; t State	nt
Trace Decommerson 12 a	insfer to local holding insfer to State Record stroy. Insfer to State Archive her (Specify) fice Reference dicaid Library curity (Original instructions apply to had/Designee (Signal Square approved.	g area, hold	year(s) yea It retention. Copies: Ho up re in Medicair oy. It of file a cords Cente ture accumulation Date 12/7/81	year(s); ; then r(s); then Id in curred dated report ference; the d Library u t the end of r; hold 7 y ons of the series Records Manage When the series	ent files are tor until men destroy. upon receipt of each mont rears; then	ea until r no longer of report h; then tr destroy.	eceipt of needed for; hold 3 y	verific currer ears; t State	the state of the s
Trace De	insfer to local holding insfer to State Record stroy. Insfer to State Archive her (Specify) fice Reference dicaid Library curity (Original instructions apply to had/Designee (Signal Square approved.	g area, hold	year(s) yea It retention. Copies: Ho up re in Medicai oy. It of file a ecords Cente ture accumulation Date [2/7/8]	year(s); ; then r(s); then Id in curred dated report ference; the d Library u t the end of r; hold 7 y ons of the series Records Manage When the series	ent files are tor until men destroy. upon receipt of each mont rears; then	ea until r no longer of report h; then tr destroy.	eceipt of needed for; hold 3 y	verific currer ears; t State	the state of the s

Security, library and office copies of daily, weekly, and monthly computer output microfilm (C.O.M.) reports.

```
Adjudicated Claims by Payee
Adjudicated Claims by Receip. I.D.
American Druggist Update
Appropriation Expense
Bendex Transaction Alpha
Bendex Transaction Numeric
Buy In Transaction Alpha
Buy In Transaction Numeric
Claims Investigation Detail Report
Claims Process Data Analysis
Cost Settlement Detail Report
Cumulative Cash Disbursement
Deleted Recipient Information List
                Name X-Ref Index
                  Pat I.D. #
Explanation of Medical Benefits (E.O.M.B.)
E.P. File by Case #
E.P. File by Name
Five year Activity Ref. by Provider
Labor Expense Journal By Org
                      By Project
MARS Reports
Master Index by Trans. Control #
Monthly Payment Balance
Numeric Diagnosis List
        Drug List
        ICD-9 Diagnosis List
        Dental Procedure List
        Supply List
Payment History List by Provider
                     by Recip. I.D.
Provider Data Base
Provider Listing Alpha
                 Numeric
         Eligibility Cards by Case #
Recip.
                      11
                              Client
                               Name
Recip Information List by Case #
                  List by Recip I.D.
Recip Name X Ref Index
Recip Past ID X Ref Index
Refund Recoup Trans History
Remittance Advices
                    (Nursing Home)
SSI Master File
SSI Master Update
Suspended Claims X - Ref by Payee
" " by Recip
                         by Recip I.D.
Tape Transfer Source Claims
Provider/Recipient Billing Locator
```



A-5C-> , Rev. 76

APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE
DEPARTMENT OF ARCHIVES AND HISTORY
RECORDS MANAGEMENT DIVISION

RECORDS MANAGEMENT DIVISION INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section. FOR AGENCY USE 1. Agency Address FOR RECORDS MANAGEMENT USE Department of Medical Assistance Application Date Application Number 7/3/78 1010 West Peachtree St. N.W. Atlanta, Georgia 30309 Application Number Date Received **Date Completed** SEP 1 3 1978 JUL 1 2 1978 OPERATIONS DIV., INQUIRY UNIT 2. Person to Contact **Working Title** Telephone Number Joe Ertavy Librarian 894-4940 3. Action Requested a. D Establish Retention Schedule; record will continue to accumulate. b. ☐ Dispose of present accumulation; no further accumulation anticipated.

c. ☑ Amend Application No.5-79,75-80,75-8 check One: ☐ Change; ☑ Supercede; ☐ Void 5. Records Series Title (followed by title used in office; if different) 4. Dates of Series Earliest (Medicaid COM Reports) Latest 1977 MEDICAID ELIGIBILITY AND EXPENDITURE COMPUTER OUTPUT MICROFILM REPORTS | present 6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Program Operations Division is responsible for preparing and adjudicating Medicaid claims for payment. This is accomplished by coordinating the claims processing, provider, recipient and reference sub system of the Medicaid Management Information System (MMIS) in ensuring that the processing and payment of claims are made within Federal and State regulations; maintaining a close relationship with DOAS in relation to the data processing services they provide; expediting the payment and/or rejection of claims in "suspense" due to program edits; and identifying system and programming problems which cause backlogs or erroneous payments and recommending solutions to these problems. 7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: maintaining a Medicaid eligibility list and to documenting the payment of claims to Medicaid providers and recipents. Included are: security, library, and office copies of monthly, quarterly, and annual computer output microfilm reports. Report titles are as follows: -Supplementary Security Income File -Medicaid Management Information System -Suspended Claims Cross Reference by Transactions by Provider Number Recipient Identification -Eligible Persons File -Supplementary Medical Insurance File -Medicare Suspended Claims Selected by -Cash Journal by Vendor and Case number Provider Number (see attachment) alphabetically by name of report; thereunder chronologically by Files are arranged: date of report. 8. Monthly Reference Rate How often are records referred to which are: One to six months old ___ ; Seven to twelve months old ____; Thirteen to twenty-four months old ____; twenty-five months and older___ 9. Annual Rate of Accumulation of Records __; Legal-size drawers _____; Shelves _____; Other (specify) _ Letter-kize drawers 🔔 (24 cubic ft.)

F	1	10. Questionnaire	1010 as a a 11V1			
YES	NO	a. Is this the office		'in the proper co	orumn)	
X	,	If not, where is				
٠	х	b. Does the series	contain confide	ntial information	requiring security handling? If yes, cite law or regulat	ion.
	Х	c. Is this a vital re				
	<u>X</u>	d. Does this series				
	X		vo documents in scheduled separa		necessary to keep the entire file for a long period, could	these
	X	f, is the informat	ion contained in	this series ever c	published? If yes, attach copy.	
X		TO A CAT OF COLUMN AS	VVY.		palyzed and/or recorded in a summarized report? 1 zed in Division Director's Subject Fi	.le
X					e, or in another office or agency? Sutilized throughout Department of Med	ical Assista
Х					microfilmed? Entire file series is comput	
	Retent	i. Does the recordion Requirements		a computer print	tout? es the series to be kept:	microfilm
- ,,		non medanements				
		te Law		years.	7	years.
	_	tute of limitation leral law	3	years.	e. Administrative need	years.
	w. : 50	IEI &I IGAA		years.	f. Federal retention instructions	years.
	Attach	copy or excerpt of I	aws or regulation	ns. Explain admir	nistrative need.	
				•		
! !		SEE ATTACHE	D SHEET		· ·	
		•				
12	A ====	ved Disposition Instr				
14,	White	AGG DISPOSITION BUSTI	•	· · ·	ends that the file series be cut off at the end of each:	
!				alendar Year; ∟	Fiscal Year; SQ Other See below	then,
	□ Ho!	ld in the current file:	area	month(s)	vear(s): then	
		nsfer to local holdin				
		nsfer to State Recor	ds Center; hold .	уеа	r(s); then	
	C Des	• •	. 4 			
		nsfer to State Archiv ner <i>(Specify)</i>	res vor permanen	it retention.	· .	
•	4 00	iei lobechy)				
		Office Refere	once Contes	Wold in a	urrent files area until receipt of ver	ereror (
f		OTTICE ROLLIN	ace oopies.		eport; then destroy.	iiitea (
i				_	•	(
Ç.		Medicaid Libr	ary Copy:		dicaid Library upon receipt of report;	hold
_				7 years; th	en destroy.	
ſ		Security Copy	r: Cut off	files at en	d of each month; then transfer to Stat	te Records
- 1					s; then destroy.	C Records
•			-	_	•	\sim
	_					l.
	These i	instructions apply to	all prior and fut	ture accumulatio	ns of the series.	
Agen	cy Hea	d/Designee (Signat	ure)	Date	Records Management Officer Signature	
\cap	9	MO		7-1-78	10 00 101	17/7/25
		f III. Co	my !	1-1-10	rang V. Marpory	1////
_			V		State Records Committee (Signature)	Date
		dations in para- e approved,	State Audio	or/Designee	11m ():	9 10 70
(If di		ved, attach letter	Y	<u> </u>	A series	9-8-76
Ur ma	, ren ne L		Secretary of S	te/Designee	Canall Hart	0 - 10
		20.30	Attorney Ger	nera!/Designee	1 Mid thece	9-13 78
-n-5(, 1;	Rev. 76		(R	everse Side)	

Application Date 7/3/78

APPLICATION FOR RECORDS RETENTION SCHEDULE

11. ATTACHMENT

Federal Register Guide to Records Retention, March 21, 1974, Vol. 39, No. 56, Part II, Page 10796, paragraph 5.60, State Agencies Administering Public Assistance Programs, "to maintain records on applicants and recipients, program operation, fiscal and statistical information, and other records necessary for reporting and accountability" and paragraph 5.61, State and Local Agencies Participating in Public Assistance Programs, "to maintain accounting and fiscal records relating to the expenditure of funds."

Retention period: As prescribed by the Secretary. 45 CFR 205.60 and CFR 205.145.

Three years from date of submission of expenditure report or until resolution of all audit questions.

Based on previous reference experience, Dept of Medical Assistance needs security copy for 7 years to provide for prosecution of fraud cases and settlement of claims. File is used in connection with prosecution of suspected fraud cases. The different type of reports aid in discovering fraud cases since there are many ways to cross reference claims.

7. Record Series Description (cont.)

- -Suspended Claims Cross Reference by Payee Number
- -Adjudicated Claims Cross Reference by Recipient Identification
- -Adjudicated Claims Cross Reference by Payee Number
- -Cost Settlement Detail Report
- -Tape Transfer Source Claims
- -Source Claims Cross Reference by Provider

- -Source Claims Reference by Recipient
- -Five Year Activity Reference by Provider
- -Five Year Activity Reference by Recipient
- -Master Index by Transaction Number
- -Remittance Advices

CURRENT MÍC OFICHE REPORTS

•						
Report Title	Report Number	Initiated By	Frequency	Produced frames f		
Tape Transfer	CLPT120EZ01X	DMA	weekly	204,479	918	3,140
Master Index by Control No.	CLPBC60EZ01X	DOAS	monthly,	5 ,7 62	26	15 6
Source Claim Cross Ref. by Recipient	CLPBC60EZ02X	DOAS	monthly	11,540	53	53
Source Class Ref. by Provider	CLPBC60EZ03X	DOAS	monthly	11,540	5 3	5 0
5 yr. Activity Ref. by Recipient	CLPBC70RZ01X	DOAS	monthly	57,491	262	2 62
_5 yr. Activity Ref. by Provider	CLPBC70RZ02X	DOAS	monthly	1,914	10	lo
Remittance Advice	CPWPF01ZT03P	DOAS	weekly	189,348	853	6,195
Eligible Patients by Case #	EP0201	DHR	monthly	10,148	46	920
Eligible Patients by Name	EP0202	DHR	monthly	20,298	92	1,8
SMI by Name	\$3,0701	DMA	monthly	4,702	21	2 52
Cost Settlement Detail Report	MARCS10RR14A	DOAS	monthly	-		-
Claims Processing Data Analysis	MARHI3ORR45M	DOAS	monthly	22,055	99	195
Adjudicated Claims by Payee	MARHI5ORT10P	DOAS	mth/qtr.	757,129	3,509	52,635
Adjudicated Claims by Recipient	MARHI5ORT20P	DOAS	mth/qtr.	7 95,634	3,582	53,7 30
Suspended Claims by Provider	MARHI5ORT3OP	DOAS	monthly	1,914	9	10
Suspended Claims by Recipient	MARHI5ORT40P	DOAS	monthly	1,914	9	1 09
Claims Investigation Detail Report	MARHI7ORR53M	DOAS	monthly	67,063	301	2 90
Recipient Information List	RECMB31ZTO2P	DOAS	monthly	11,534	7 8	7 8
Recipient Eligibility by Name	RECMB31ZT03P	DOAS	monthly	2,410	12	12
Recipient Cross Ref. Index	RECMB31TO4P	DOAS	monthly	2,410	12	1 2
Nursing Home Remittance Advice	NHWW45TO3P	DMA	monthly	3,024	16	128
Nursing Home Payment Update	NHRM180UT03P	DMA "	monthly	2,327	13	1 5
Nursing Home Payment History	NHRR310RT01P	DMA	monthly	7 18	33	33
Provider/Recipient Billing Locate	or NHRR320RT03P	DMA	monthly	20,191	91	91
Provider Information Sheet	PRUFM72RR01X	DOAS	monthly	-	_	-
Numeric Procedure Listing	FREPR50RR01X	DOAS	monthly	_	_	•••
Numeric Drug Listing .	FREPR5ORRO3X	DOAS	monthly	-	_	-
Numeric Supply Listing	FREPR50RR07X	DOAS	monthly	-	-	-
Numeric Diagnosis Listing	FREPR50RP05X	DOAS	monthly	-	-	~
July and August Total for Current	Reports			2,205, 545	10,098	120,32
July and August Cost for Current	Reports			\$14,336		\$8,427
						\$22,75.
·						



APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE DEPARTMENT OF ARCHIVES AND HISTORY RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76—RM—1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE	1. Agency Address	FOR RECORDS MANAGEMENT USE
Application Date	Department of Medical Assistance	Application Number
7/3/78	1010 West Peachtree St. N.W.	78-207
Application Number	Atlanta, Georgia 30309	Date Received Date Completed
	OPERATIONS DIV., INQUIRY UNIT	JUL 1 2 1978 SEP 1 3 1978
2. Person to Contact Joe Entavy	Working Title Librarian	Telephone Number 894-4940
3. Action Requested		
	Schedule; record will continue to accumulate.	
b. Dispose of present ac	cumulation; no further accumulation anticipated.	· ·
c. Amend Application 6 4. Dates of Series	√5-79,75-80,75-8Check One: ☐ Change: ⊠ Superce	
Earliest Latest	5. Records Series Title (followed by title used in office; if d	(Medicaid COM Reports)
1977 present	MEDICAID ELIGIBILITY AND EXPENDITURE CO	MPUTER OUTPUT MICROFILM REPORTS
6. Division and Office Function	What is the function of the Division and the Office in	which this record series is created?
claims for payment. recipient and reference ensuring that the pro- regulations; maintain services they provide to program edits; and	ns Division is responsible for preparing an This is accomplished by coordinating the conce sub system of the Medicaid Management Docessing and payment of claims are made withing a close relationship with DOAS in relat; expediting the payment and/or rejection didentifying system and programming problems and recommending solutions to these problems	laims processing, provider, information System (MMIS) in thin Federal and State tion to the data processing of claims in "suspense" due the was which cause backlogs or
7. Record Series Description Documents relating	This file contains the following documents finclude form no Attach samples of the file. to: maintaining a Medicaid eligibility lise ment of claims to Medicaid providers a	t and to documenting the pay-
puter -Medicaio Transac -Eligible	rity, library, and office copies of monthly r output microfilm reports. Report titles d Management Information System -Suppleme tions by Provider Number -Suspende e Persons File Recipier	, quarterly, and annual com-
-Cash Jon	urnal by Vendor and Case number Provider	Number (see attachment)
_	alphabetically by name of report; thereum date of report.	der chronologically by
8. Monthly Reference Rate	How often are records referred to which are:	· · · · · · · · · · · · · · · · · · ·
One to six months oldtwenty-five months and older	; Seven to twelve months old; Thirteen to	twenty-four months old;
9. Annual Rate of Accumulatio Letter-size drawers	n of Records; Legal-size drawers; Shelves;	Other (specify)
(24 cubic ft	_	Controlly/
AR-50-71; Rev. 76	(Over)	

YES I	NO	0 10. Questionnaire (Place an "X" in the proper column)	
х	Í	a. Is this the official copy of the series? If not, where is it?	
	x	b. Does the series contain confidential information requiring security handling? If ye	es, site law or regulation.
	x 1	c. Is this a vital record?	
	X.	d. Does this series have historical or long term research value?	
	х	e. When one or two documents in the file make it necessary to keep the entire file for documents be scheduled separately?	r a long period, could these
	x T		
		1 4 4 1 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1	parized_report?
X	{	g. Is the information contained in this series ever analyzed and/or recorded in a summarized in Division Director less attach copy.	Sr's Subject File
	_	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? Numerous Office Copies utilized throughout Dep	
X		i. Is this series for a major portion of it regularly microfilmed? Entire file s	eries is computer output
	X [stenti	i. Does the record series result in a computer printout? ention Requirements The following requires the series to be kept:	microfilm
		3	
		State Law 3	
		Statute of limitation	years.
C.	Fed	Federal law	uctionsyears.
At	ttach	ach copy or excerpt of laws or regulations. Explain administrative need.	
		SEE ATTACHED SHEET	ļ
}			
ļ			
12. A	POTO	woved Disposition Instructions This agency recommends that the file series be cut off a	t the end of each:
:		☐ Calendar Year; ☐ Fiscal Year; ☑ Other See	below then.
	Hol	Hold in the current files area month(s) year(s); then	
		Transfer to local holding area, holdyear(s); then	
0	Tra	Transfer to State Records Center; holdyear(s); then	
f		Destroy.	
		Transfer to State Archives for permanent retention.	
) JC	Oth	Other (Specify)	· · · · · · · · · · · · · · · · · · ·
] ,		Office Reference Copies: Hold in current files area until	receipt of verified
ì		updated report; then destroy.	. .
,			
		Medicaid Library Copy: Place in Medicaid Library upon rece	eipt of report; hold
1		7 years; then destroy.	· 774
- -			
,		Security Copy: Cut off files at end of each month; then tr Center; hold 7 years; then destroy.	ransier to State Records
,		center, nord / years, then destroy.	
1			
11	hesa i	so instructions apply to all prior and future accumulations of the series.	*
		Lucia to and	
Agenc		Head/Designee (Signature) Date Records Management Officer JS	ionature) Date
	<u>, , , , , , , , , , , , , , , , , , , </u>		1 2/2/2
\Box	H	Tap M. Caux 7-7-78 Paul (1. 14u	yphy 1/1/78
		State Records Committee	(Signature) Date
Recom	ımen	nendations in para-	10 ggrature) Date
4		2 are approved. State Auditor/Designee	19-12-78
1		proved, attach letter	0 0
of exp	lanat	nation.) Secretary of State/Designee Canall 14 a	rt 9-8-78
1		Attorney General/Designee	9-13-78

(Reverse Si

Application Date 7/3/78

APPLICATION FOR RECORDS RETENTION SCHEDULE

11. ATTACHMENT

Federal Register Guide to Records Retention, March 21, 1974, Vol. 39, No. 56, Part II, Page 10796, paragraph 5.60, <u>State Agencies Administering Public Assistance Programs</u>, "to maintain records on applicants and recipients, program operation, fiscal and statistical information, and other records necessary for reporting and accountability" and paragraph 5.61, <u>State and Local Agencies Participating in Public Assistance Programs</u>, "to maintain accounting and fiscal records relating to the expenditure of funds."

Retention period: As prescribed by the Secretary. 45 CFR 205.60 and CFR 205.145.

Three years from date of submission of expenditure report or until resolution of all audit questions.

Based on previous reference experience, Dept of Medical Assistance needs security copy for 7 years to provide for prosecution of fraud cases and settlement of claims. File is used in connection with prosecution of suspected fraud cases. The different type of reports aid in discovering fraud cases since there are many ways to cross reference claims.

Record Series Description (cont.)

- -Suspended Claims Cross Reference by Pavee Number
- -Adjudicated Claims Cross Reference by Recipient Identification
- -Adjudicated Claims Cross Reference by Payee Number
- -Cost Settlement Detail Report
- -Tape Transfer Source Claims
- -Source Claims Cross Reference by Provider

- -Source Claims Reference by Recipient
- -Five Year Activity Reference by Provider
- -Five Year Activity Reference by Recipient
- -Master Index by Transaction Number
- -Remittance Advices